

END OF LIFE CHOICE BILL

Submission of Peter James Cullinane

Honourable members, Justice Committee, thank you for the opportunity to comment.

Introduction:

I am a retired Catholic bishop. My reflections on the End of Life Choice Bill draw on my experience of being associated with people at the various stages of their living and dying. It also draws on the experience of countries where euthanasia and assisted suicide have already been legalized, mindful however of what is specific to this Bill. And I am aware that we live in a pluralist society, with its appropriate separation of church and state. I am hoping the common ground between us is that social, political, and economic choices, as well as cultures, and religions too, must all expect to be critiqued against the criterion of what makes human life more authentically human, and people more truly free, within relationships of respect and support for one another.

Fundamental flaw:

I anticipate that the advocates of this Bill will place much emphasis on the right of people to choose. They will argue that the Bill is not imposing particular views on anyone, but only allowing choice. I think there is a real risk that carefully argued objections to the Bill, and even demonstrable facts, will be brushed aside by references to persons' right to choose, much in the way that slogans are used.

We all agree on the need to protect personal freedoms. But, as legislators, you are well familiar with the need also to prevent, by appropriate legislation, the harm that can result for others as a consequence of individuals' choices. We limit choice in order to make the roads safe; we circumscribe freedom of speech to prevent incitement to hatred or disorder; we limit freedom of choice to prevent unfair trading practices and unfair employment practices, and so on. In other words, it is recognized that the right to individual freedom is not absolute; it is limited by the needs of the common good.

My position is that a supposed right to kill one's self, or others with their consent, conflicts with the common good.

Some examples:

Euthanasia and assisted suicide – for whatever reasons, and whatever the surrounding safeguards - affect the common good in several different ways: first, just by the fact of being made legal, it will seem that suicide is within the parameters of what can be regarded as normal and acceptable, depending only on given circumstances. When that becomes part of people's thinking, the incentive to help the terminally ill and others diagnosed with irreversible conditions will have been severely eroded. We will have created a different kind of alternative, and become a different kind of society – one in which people deemed “eligible” and considered to be consenting can be killed.

In this different kind of society, young people, whom we try to discourage from committing suicide, will not easily understand the difference between their own sometimes difficult circumstances and the circumstances that allow others to commit suicide legally. Some will even see it as discrimination.

The fear of aged and disabled persons that they are a burden to their families is well testified to by those who work intimately with them. The claims made in the “Background” of Mr. Seymour’s Bill about these concerns “not materializing” and about risks being “properly managed” are too lightly made: we are dealing with concerns that are not easily verified by statistical analysis, but are not for that reason less real, or even uncommon.

The relationship between patients and medical staff would also be affected – in both directions: for patients who feel less sure they can trust the medical staff, and for staff who will have the additional factor of patients’ mistrust to deal with in trying to care for them.

The requirement that “medical practitioners who conscientiously object must refer people to the SCENZ Group” involves a serious infringement of a practitioner’s right to follow his/her conscience; many would regard making the referral as doing something to which they have a conscientious objection. Requiring them either to follow the process towards euthanasia/assisted suicide or to make that referral, also excludes them from exercising their own professional judgment on what is needed. So, *acknowledged rights are being taken away for the sake of a so-called right*. Again, a different kind of society.

The ambiguity of polls and some media reports:

Some of the questions asked in polls do not adequately differentiate between the medical interventions that are properly regarded as legal and ethical, and the very different interventions that constitute euthanasia and assisted suicide. This tendentious method conveys the impression that what is involved is only an extension of what society already accepts. The results of such polls are then presented in brief media reports, gradually building up a distorted impression of public opinion. Changes of mind that occur when the consequences of euthanasia and assisted suicide are more carefully explained than when the poll is being conducted are reflected neither in the poll results nor in the media reports.

Fear mongering and misinformation, whether by opponents of the Bill or its supporters, are out of place. So are repeated claims that opposition to this Bill is only or even mainly “religious”. The weightiest opposition to legalized euthanasia/assisted suicide has come from individuals and groups working in the health care sector, aged care, counseling and suicide prevention, speaking from their actual experience, and from their professional expertise; (see submissions to Health Select Committee). Their religious views (if any) are not the point, and should not count against them.

Conclusion:

I respectfully urge our elected representatives to be guided by the relevant sciences, the considerable research, experience in other countries, and the views of professional groups that have felt it necessary

to speak out, rather than what is simplistically and falsely claimed to be merely a matter of personal choice.

I respectfully urge that the End of Life Choice Bill be NOT passed into legislation.

Peter James Cullinane